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ABSTRACT

This report describes the Gering, Nebraska site of the Child and Family Resource Program (CFRP), a Head Start-affiliated program designed to elicit community and family involvement in fostering optimum development of preschool children and their families. The Gering program, whose participating families are Spanish-speaking, is located at one of 11 demonstration sites of the national CFRP. In planning and implementing the Gering CFRP, attention was given primarily to five areas of service development: preschool education, health care, social services, parent involvement, and nutrition. Descriptions of staff positions in the program, staff training procedures, family recruitment procedures, materials used, and program costs (including accounting forms), are outlined. A short evaluation of the implementation of the program is also included. (BRT)

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# PROGRAM DESCRIPTION

# CHILD AND FAMILY RESOURCE PROGRAM

## GERING, NEBRASKA

Under Contract No. HEW-OS-74-274

Submitted To:

OFFICE OF CHILD DEVELOPMENT
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

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Submitted By:

DEVELOPMENT ASSOCIATES, INC.
1521 New Hampshire Ave., N.W.
Washington, D. C. 20036

June 30, 1975

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GERING CFRP

PROGRAM DESCRIPTION

INTRODUCTION

Scottsbluff County, the target area for the Gering CFRP, is a rural agricultural area in Western Nebraska. Over half of the program participants are Spanish-speaking families who have become permanent residents of the county after dropping out of the migrant stream. The Nebraska Panhandle Community Action Agency (NPCAA) is the grantee for this CFRP. This agency has conducted a Head Start program in the community for many years.

The NPCAA staff first heard about CFRP on February 14, 1973, during a telephone call from the OCD Regional Office field representative. During this call, the Head Start Director of the NPCAA was told about the CFRP and was informed that four Head Start programs would be considered as potential CFRP sponsors in Region VII. The CFRP guidelines were reviewed as well as the information that the OCD National Office would be requiring in a qualifying Questionnaire/Prospectus (Q/P). The Head Start Director thereafter discussed the CFRP with her staff and began gathering the information which would be used to respond to the Q/P. About three to four days later, the CFRP guidelines and Q/P format were received by the Head Start Director. The Head Start staff was then immediately assigned to various tasks to complete the Q/P with the Head Start Director assuming overall responsibility.

The preliminary proposal (Q/P) was submitted on March 5, 1973, and on March 9, 1973, the grantee was informed by OCD that it had been selected as one of two potential sponsors.

On March 15-16, 1973, two Head Start staff members and two parents (one being a member of the Head Start Policy Council) attended the Denver conference held by OCD for the purpose of proposal planning, i.e., how to prepare a full proposal.

After the Denver conference, the Head Start Policy Council was informed of the CFRP program. Service agencies were contacted and conferences were held for the purpose of explaining CFRP and establishing linkages. Local service agencies were asked for their response and willingness to provide programs for children and families. Subsequently, the proposal, prepared by the Head Start staff, was completed and submitted to the OCD Regional Office on April 11, 1973.

After the proposal was submitted to the OCD Regional Office, the NPCAA prepared plans for advertising the positions which would be created by CFRP and to establish committees to interview the candidates for the staff positions.

Toward the end of May 1974, the SOPCAA was notified verbally by the HEW Regional Office that it had been awarded a grant for CETA which would be effective June 15, 1974. Official notification was received about July 1, 1974.

Funds for preparing the proposal came from the Head Start budget since the Head Start Director, the Head Start Secretary-Office Manager, and the Head Start Parent Involvement/Social Services Counselor had primary responsibility for preparing the proposal. Materials, supplies, and equipment were also provided by the Head Start program.

The Program Planning Phase began in February 1973 and continued until submission of the proposal on April 1, 1973. The Program Starting Phase began on the date the grant was effective (June 15, 1973). Activities which took place between the date of proposal submission and effective date of the grant include:

- plans for advertising positions available in CETA; and
- establishing committees to interview staff candidates.

The first hirelings were enrolled in the program on September 10, 1973, signalling the start of the Program Implementation Phase.

## I. [illegible]

### A. Program Planning and Design

The overarching planning objectives for the Strong Child area are development of all available resources in the community in the development of the city's young. It must link the environment of all human experiences and services agencies in the community the programs could develop a delivery network for consistent participants through a wide linkage of interactions. Also, it must link these services needs in order to identify gaps in services as well as the city's maintenance of needs in the community, and by the use of proven planning tools and common information programs, coordinate how these services for children, promote better fitness, mentally, and social health conditions and promote maintenance of programs therefore in the public school systems, community meetings, and projects.

### B. Program Implementation

The overall goals and objectives of the Strong Child have not changed in that ground action from these developed during the Planning and Design Process. Overall, the goals are:

- to serve eligible children from birth to eight years old;
- to provide economic, assistance, job [illegible], and support based on individual needs;
- to develop a multi-disciplinary and flexible system for delivery of services;
- to focus on the family as the basic unit;
- to promote community of available services and to assist in developing new ideas where necessary; and
- to assist families to identify and use resources in the community.

The program also has more specific goals and objectives for each of the various components. These objectives are discussed below.

#### 1. Education

The basic objectives of the Education Component are to make persons aware of the need for consistency of values and attitudes and to make provider realize that they are the primary educators of their children.



Developmental assessments as well

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- Private physicians, dentists, and pediatricians. All families and children are seen by physicians and dentists for check-ups and treatment. Pediatricians conduct developmental checks on children.

- Mental Health - The following agencies provide mental health services to CFRP families:

  - Scottsbluff County Alcohol Program. This program provides information on alcohol abuse and provides counseling and therapy to alcoholics and their families.

  - Panhandle Mental Health Children's Program. This program provides diagnosis, evaluation, therapy, and counseling for those children and families with special problems.

  - Office of Mental Retardation (Child Development Center). This program conducts evaluations to determine ability of pre-school youngsters.

  - Meyers Institute. Representatives from this organization visit the CFRP four times per year to evaluate children and provide recommendations for further therapy.

3. Social Services

The following services are provided under the Social Service Component.

- County Welfare Department. The following services are provided by this department: financial assistance; child care; child protective services for child abuse and neglect cases; food stamps; eye examinations and glasses; services for crippled children; services for disabled senior citizens.

- Community Action Agency. This agency provides assistance to families in crisis situations. Services that are provided are transportation, free clothing and furniture, emergency food, and help in obtaining employment.

- State Employment Office. This office provides job listings, job counseling, and administers interest and aptitude tests.

- Housing Authority. This agency provides low income housing.

- Indian Commission. This agency deals with the employment, health, and social service needs of Indians.

- Mountain Plains Program. This is a federally funded program which provides vocational training.

- Panhandle Legal Services. This is a federally funded program which provides free legal advice except for civil action cases.

- Senior Citizens Program. This program provides centers to be used by senior citizens for socialization, recreation, and entertainment.

- Social Security Administration. This federal program provides financial assistance to eligible individuals.

- Voluntary Action Center. Volunteers from this program provide transportation, babysitting, and tutoring for CFRP families.

- Work Incentive Program. This program provides training and job placement for welfare recipients.

- YMCA. The YMCA sponsors memberships for low-income families. Swimming classes and recreational activities are provided.

- St. Monica Home for Unwed Mothers. This organization provides treatment for unwed mothers, alcoholics, drug addicts, and people with other socially unacceptable problems. Counseling, education, and health care are provided.

4. Parent Involvement

Parents are actively involved in all phases of the Gering CFRP. To begin with, parents are represented on the Policy Council and have major input into all policy decisions. Special workshops are also provided for parents. During the 1974 grant year the following special workshops have been held:

- Introduction and Explanation of CFRP;
- Crafts and Making Homemade Toys with Fathers;
- Saving and Starting Seeds for Next Year's Garden;
- Selection and Cooking Fruits and Vegetables;
- Breads and Cereals; Holiday Baking;
- Accident and Poison Prevention;
- Fire Safety;
- Use of Community Resources;
- Job Counseling;
- Sewing Workshops;
- Milk and Milk Products;
- Leisure Activities;
- Gardening;

- Foods for Outdoor Meals; and
- Family Budgeting.

In addition to being represented on the Policy Council and attending the workshops, parents receive the services of the Health, Education, Social Services, and Nutrition Components. These services are discussed under the appropriate component in this section.

5. Nutrition

Several agencies provide services in the area of nutrition. These are:

- Community Action Agency. Emergency funds for food are loaned to those families in need.
- County Welfare Department. This agency provides food stamps for those that qualify.
- Head Start. The Head Start programs provide free lunches for children and teach children good eating habits.
- Salvation Army. The Salvation Army provides emergency travel for families with needs.
- Senior Citizens Program. This program provides food at a low cost for older people in CFRP families.
- State Health Department (Comprehensive Nutrition Education Program). This program provides nutrition aides who go to homes and provide training in nutrition to parents.

## III. STAFF

### A. Program Planning and Startup

During the Planning Phase, the staffing pattern for the CFRP was developed. Also, the Policy Council was familiarized with the staffing needs and qualifications and an Interviewing Committee was organized to advertise positions and screen applicants.

At the beginning of the Startup Phase, the CFRP Director sent a memo to all NPCAA staff and Policy Council members advising them of staff positions available in the CFRP. Later the same positions were advertised in five county newspapers. Also, community agencies with similar job categories were asked for referrals. The Interviewing Committee screened all applicants. Selected applicants were interviewed by the same committee with the assistance of community resource agency representatives. Applicants with recommendations from the Interviewing Committee were then submitted to the CFRP Director for review. She in turn submitted them to the Policy Council for final approval. No major problems were encountered other than the time consumed in finding the "right" person for each job.

The following chart summarizes the CFRP staff positions, responsibilities, and percentage of time planned for the program.

CFRP STAFF RESPONSIBILITIES

| POSITION | RESPONSIBILITIES | % To CFRP |
|---|---|---|
| Program Director | Overall supervision and management of CFRP | 50% |
| Parent Involvement/ Social Services Coordinator | Coordinates and supervises parent involvement and social services activities | 50% |
| Health Coordinator | Coordinates delivery and education in health | 100% |
| Resource Coordinator | Coordinates utilization of community resources and PR | 100% |
| Education Coordinator | Coordinates education activities, school linkages and career dev. | 50% |
| Nutrition Coordinator | Coordinates nutritional education for parents and staff | 12½% |
| Home Visitors | Conducts family assessments, follow-up and general services | 75% |
| Bookkeeper | Financial record keeping | 50% |
| Secretary | Clerical Work | 50% |

There were two identifiable strengths apparent in planning the design of the staffing pattern. First, it was built around the needs of the program and not on the availability of staff. Second, most positions required persons who had had extensive experience in all facets of the Head Start Program. The only staff members who were eventually hired without prior Head Start experience were the Resource Coordinator and the Health Coordinator.

No recommendations for improvement of the staffing pattern were offered by the program staff. However, they did emphasize the importance of hiring Home Visitors from the target population rather than hiring professionals from outside the community. Reliance on community resources rather than CFRP staff for expertise in specific service areas, they felt, make for better program linkages.

B. Program Implementation

The staffing pattern for the Goring CFRP is shown on page 15. As shown in the table on page 13, only the Resource Coordinator and the Health Coordinator devote 100% of their time to the CFRP. The Home Visitors work for the CFRP 75% of the time and Head Start 25% of the time. The others divide their time evenly between CFRP and Head Start. The staffing pattern and staff members have remained quite stable since the Startup Phase except that the program originally had six Home Visitors and in April 1975, had only five. (One Home Visitor recently left the program and has not yet been replaced.) The qualifications required for each staff position have not changed except that the program staff feels that the qualifications for the CFRP Director should include some social service and business administration background.

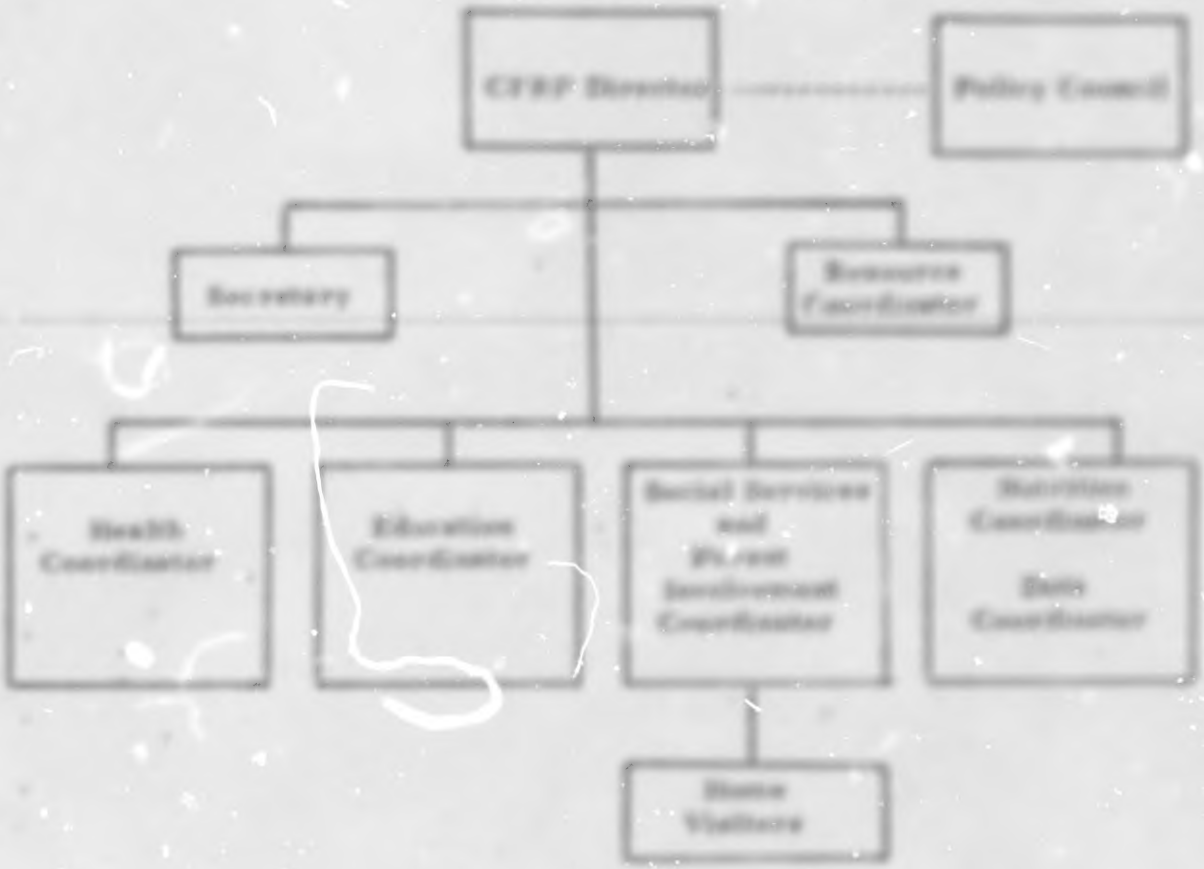
The responsibilities for each staff position are as follows:

1. CFRP Director

Overall administrative responsibility for the program including:

- Program planning and preparation of the budget;
- Personnel management;
- Selection and employment of staff with the approval of appropriate governing bodies and the Policy Council;
- Supervision of the expenditure of funds;
- Meet regularly with and report to the Community Action Agency Board of Directors and the Policy Council;

ORGANIZATION CHART FOR CEBING CFRP



- Maintain all necessary records to assure fiscal and program responsibility;
- Preparation of grant applications;
- Communicate and coordinate with other community agencies;
- Approve eligibility of families enrolled in CSBG;
- Prepare program evaluation and response which MCA is required of CSBG; and
- Involve all staff members in planning and in all phases of the program, including evaluation.

A. Resource Coordinator

- Identify and contact community resources agencies and individuals whose programs, goals, and activity systems;
- Coordinate planning and utilization of resources;
- Keep agencies informed of progress of CSBG programs;
- Prepare resource manual for use of staff;
- Report to CSBG Director on needed programs in order to fill gaps in developing work programs using local resources whenever possible;
- Prepare an evaluation of the utilization of community resources and suggested future coordination efforts;
- Develop information materials on CSBG;
- Work toward establishing a volunteer program in each of a volunteer clearinghouse;
- Maintain records of referral resources from other community agencies and individuals; and
- Develop and implement a public information program for CSBG.

A. Health Coordinator

- Plan, develop, and administer the health programs to meet CSBG guidelines, using all available community resources;
- Organize health programs to meet critical needs in the community;



- Participate in community activities to

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## V. INDIVIDUALIZATION

### A. Program Planning and Startup

The plans for recruiting families called for the Home Visitors to contact and explain the CFRP concept to families meeting the selection criteria. A committee composed of CFRP staff, Policy Council members, and representatives of concerned agencies were to screen all applicants.

During the Startup Phase, Home Visitors under the supervision of the Parent Involvement/Social Services Coordinator made door-to-door calls. The recruitment effort was interwoven into the Home Visitors training program. Referrals were made by community agencies. Head Start families and community residents also made referrals. No problems were encountered in the recruitment of families.

During the Planning Phase, a meeting was held with relevant community agencies to organize an assessment team and solicit their assistance in developing a plan for the assessment of the needs of CFRP families and children. Program staff were aware that they lacked expertise in this area and would require all the help they could get.

After the Salem Conference, it was determined that the Home Visitors would have prime responsibility for the collection of family data for needs assessment. Thus, the procedure developed during the Startup Phase called for the Home Visitors to conduct intake interviews, obtain needs and priorities from available families, discuss with them different possibilities, and meet with the assessment team to discuss this information and assist in outlining a plan of action.

### B. Program Implementation

Individualization of services to families enrolled in the Gering CFRP is based on the information collected on each family during the enrollment and needs assessment processes. Not until a complete profile of the family is available is the decision made as to how the family is to be served. (Of course, emergency services are provided to families as soon as possible.)

The enrollment process has not changed from the original plan. The CFRP target area is still Scottsbluff County, as was originally planned. The criteria used for enrollment into the program is income level, children from 0-8 years in families (families with children from 0-4 years have priority), family needs, home situation or environment, and attitudes of parents as to whether they are willing to participate. Referrals are received by the program from staff members, community agencies, and enrolled families.

Some families even initiate a call to the CFRP to inquire about enrollment. In addition to this, the Home Visitors conduct a door-to-door recruitment campaign during the Spring of each year.

After initial contact with a family has been made, a Home Visitor meets with the parents to explain the program and to fill out the CFRP Application Form. The Application Form collects the following information on the family:

- family name and address;
- marital status and number of dependents;
- ethnic background;
- language spoken in home;
- church affiliation;
- name and relationship of each family member;
- birthdate of each family member;
- education of each family member;
- occupation of each family member;
- employment information on father;
- employment information on mother;
- children in Head Start;
- receipt of AFDC, VA, Title 19, or Social Security funds; and
- special family problems including overcrowded living conditions, medical bills, etc.

In addition to the information on the Application Form, the Home Visitor talks to the parents about goals the parents have for their family.

Once all this information has been collected, the Home Visitor reviews the Application Form with the rest of the CFRP staff and a consensus is reached based on the criteria discussed above as to whether the family is to be accepted into the program or denied admission.

Once a family has been accepted, the needs assessment process is begun. As with the enrollment process, the needs assessment procedures have not changed since the Startup Phase. After the family has been accepted into the program, a Home Visitor is assigned and he/she visits the family informally a number

of times in order to develop a good rapport with the family members and in order to learn as much as possible about the family.

When the family begins to feel comfortable with the Home Visitor, they sit down together and go over, in detail, the goals that the parents think the family and family members should try to achieve. In addition to this, the Home Visitor, independently of the family, prepares a list of goals and specific family needs.

After this is done, the CFRP Coordinating Staff meets with the Home Visitor to go over the family history, the family's goals, and his/her view of the family's needs. The Component Coordinators then discuss the case and prepare an individual Action Plan for the family which includes recommendations for services, the staff member(s) responsible for seeing that the services are provided (either directly or through a community agency) and target dates for the provision of the services. A copy of the Action Plan is placed in the family's file and a copy is given to the Home Visitor. The Home Visitor and the other staff members who have been designated by the Action Plan are then responsible for seeing that services are provided in accordance with the plan. Needs assessments are then updated once per year.

The Home Visitor has primary responsibility for ensuring that services are individualized and provided in accordance with the results of the needs assessment. Each Home Visitor is responsible for approximately 18 families and they see families between two to four times per month depending on the immediate needs.

After each visit, a Home Visit Report is filled out. This report discusses, for each program component, the following:

- objectives for the visit;
- factors affecting accomplishment of objectives;
- problem identified;
- progress made;
- materials used;
- objectives for the next visit.

Copies of the Home Visit Reports go to the CFRP office, to the Home Visitor, and to the appropriate Head Start teacher, if a child is enrolled in Head Start. The office copy is circulated among the component coordinators for their review. This procedure is used to keep the coordinators informed regarding services to families. Coordinators then may send memos to the Home Visitors giving them guidance on providing services to families. This procedure is the primary method by which the program ensures that services are provided in accordance with needs.

The Home Visit Report is a new procedure which was started in November 1974. The Family Contact Card, which it replaced, required much less information to be reported. The new procedure gives the Component Coordinator much more information about the services being provided and the progress being made. It is a more effective management tool.

There are other methods by which the program ensures that services are provided according to family needs. The Component Coordinators accompany the Home Visitor from time-to-time on home visits and offer suggestions on how to best work with the family. In addition, the Social Service/Parent Involvement Coordinator holds weekly meetings with the Home Visitors where their work is discussed and training provided.

Overall, the program staff felt that individualization was the program's weakest area. They express the need to continue to seek solutions and recommendations for the improvement of this activity.

## VI. COORDINATION

### A. Program Planning and Startup

Aside from assigning staff members to contact community agencies to inform them of the program objectives and obtain commitments for specific services, it was also planned that key staff members were to get involved in the various community organizations to promote awareness and bring to the surface those problems relating to the needs of the target group.

During the Startup Phase, the CFRP Director gave numerous talks to civic organizations. She also sent letters to all the community agencies which had supported the CFRP. The Home Visitors were introduced and trained by concerned agencies. In addition, Component Coordinators and Home Visitors contacted all relevant agencies to learn about their activities and/or services and to make uniform arrangements for coordination and use of resources. Although no written contractual agreements were executed, letters and statements of cooperation and commitment in support of these agreements were submitted to the CFRP Director. The Director followed up on individual contacts with agency heads to further formalize the methods of coordination and delivery of services to CFRP families and their children. The following is a list of the more relevant and committed agencies to CFRP:

- Scottsbluff County Department of Welfare;
- Nebraska State Health Department - Migrant Health Project;
- Cooperative Extension Service;
- Panhandle Mental Health Center;
- Education Service Unit No. 13;
- Family Planning Center;
- Scottsbluff Public Schools; and
- Nebraska Western College.

It should be noted that because of the rural nature of the program and the traditional manner of establishing cooperative ventures, written agreements were not deemed necessary since it was not an established practice in the community.

### B. Program Implementation

Since the Home Visitors are the ones who make referrals to and follow-up on services provided by the community agencies, they are the primary point of contact between the CFRP and the agencies. In addition to the Home Visitors, the Component Coordinators and the CFRP Director have established personal contacts with agency representatives. These personal contacts between CFRP staff members and agency representatives serve as the major device by which coordination is maintained.

In addition to maintaining close personal contact with agencies, the CFRP has organized an Interagency Council. Council meetings are held monthly with representatives of the community agencies. At these meetings, general information about the CFRP and more specific information about services provided by agencies are presented. The agency representatives also discuss how to better work together to meet community needs.

A Resource Manual has also been prepared by CFRP which lists all agencies that provide services to CFRP families, the services they provide, and the name and telephone number of the appropriate contact person at each agency. The manual was published in July 1974, and is updated about every other month. Copies have been given to each CFRP staff member and to all agency representatives. A Medical Resource Manual similar to the Resource Manual has also been developed. This manual lists all doctors and hospitals in the community.

Another method that the CFRP uses to coordinate the services of community agencies is to constantly send program information to agencies. This is primarily accomplished through a column in the Community Action Agency newsletter. Similarly, the CFRP has requested agencies to include it on their mailing lists. This exchange of information helps utilization and coordination of resources.

The CFRP has also tried to place its staff members on Boards of Directors of various agencies. By taking an active part in community affairs, the staff maintains close contact with agencies. For example, CFRP staff members serve on the Board of Directors of the Day Care Center and have taken an active role in the formation of this first day care facility in the community.

A final but very important coordination technique used by the Caring CFRP is the use of a publicity campaign for purposes of informing the general public and the agencies about CFRP and what services are available in the community. The large scope of the publicity campaign was not anticipated during the Planning and Startup Phases but developed during the Implementation Phase due to the experience and interests of the Resource Coordinator. The Resource Coordinator has many years of experience in working for and with the media and has expanded her job responsibilities to include public information duties. The Resource Coordinator now devotes 50% of her time to this.

A television station has donated to the CFRP, as a public service, 15 minutes of air time per week. In addition, the CFRP has similarly obtained four five minute radio spots per week. The television and radio time is used mainly for interviews with representatives of community agencies in order to allow them to inform the public of the services they are promoting. The CFRP

[illegible]

4. Program Planning and Zoning

During the Planning Phase, the acquisition of additional office space was planned based on the projections of the staffing patterns. When the decision to purchase was approved to acquire the south [illegible] square [illegible] foot.

During the Starting Phase, additional office space to accommodate [illegible] staff was acquired in the existing [illegible] offices. Although two floors were [illegible] only one of those was [illegible] during this period. Due to [illegible] the remaining two were [illegible] later in the program years. [illegible] were given to the [illegible]. When [illegible] the acquisition of additional office space [illegible] [illegible], and other [illegible] [illegible], an [illegible] were made. The [illegible] of the [illegible] [illegible] [illegible] was not used for 3 during this period.

5. Program Implementation

As was planned during the Planning and Starting Phases, the [illegible] were [illegible] to the Bureaucratic Nationalist Democratic [illegible]. Each Block Coalition was [illegible] [illegible], [illegible], etc.

The following are examples of [illegible] used to [illegible] [illegible] [illegible] [illegible]:

a. [illegible] Components

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d. [illegible] Components

[illegible] [illegible] [illegible] [illegible], [illegible], [illegible], etc.

[illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [

[redacted]

[illegible]

Gering

CATEGORICAL COST DATA FOR Gen. Health - 3.1
Category

OMB No. 099-R-0013
Approval Expires: 30 June 1979

Categorical Cost Report

| Item | Local Govt. | | CSDP | | Other Fed. * | | State Fed. Matching* | | State Fed. Non-Fed.* | | Totals | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Indicate Source of Matching | Travel | Variable | Travel | Variable | Travel | Variable | Travel | Variable | Travel | Variable | | |
| | Amount | Amount | Amount | Amount | Amount | Amount | Amount | Amount | Amount | Amount | Amount | Amount |
| 1. Personnel | | | 1,998 | | | | | | | | 1,998 | |
| Salaries and Wages | | | | | | | | | | | | |
| Fringe Benefits | | | | | 182 | | | | 80 | | 310 | |
| Consultants | 48 | | | | | | | | | | | |
| Volunteers | | | | | | | | | | | | |
| 2. Facilities | | | | | | | | | 50 | | 50 | |
| Space | | | | | | | | | | | | |
| Equipment | | | | | | | | | | | | |
| Furniture | | | | | | | | | | | | |
| 3. Staff Training | | | | | | | | | | | | |
| 4. Materials (Reusable) | | | | | | | | | | | | |
| 5. Consumable supplies | | | | | | | | | | | | |
| Food | | | | | | | | | | 260 | | 284 |
| Other (specify) | | | 11 | 24 | | | | | | | 11 | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 6. Contract Services (Specify) | | 385 | | 30 | | | | | | 25 | | 440 |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Medicaid Payments | | | | | | | | | | | | |
| 7. Travel | | | 51 | | | | | | | | 51 | |
| TOTALS | 48 | 385 | 2,060 | 54 | 182 | | | | 130 | 285 | | |
| Grand total amounts from each source | 433 | | 2,114 | | 182 | | | | 415 | | 3,144 | |

## VALUE OF MENTAL HEALTH SERVICES (1.2)

| | |
|---|---|
| Head Start | 0 |
| CFRP | $142 (100%) |
| Other Federal | 0 |
| Non Federal Matching | 0 |
| Non Federal In-Kind | 0 |

Total: $142 0.4% of Total Program Value for Period

Data on the total dollar value (from all available sources) of Mental Health Services provided by the Gering CFRP during the study period is presented in the graph above. Mental Health Services for the purpose of this study are described as those services which address the following objectives:

- assist all children participating in the program in emotional, cognitive, and socail development toward the overall goal of social competence in coordination with the education program and other related component activities;
- provide children with special needs with the necessary mental health services which will ensure that the child and his family achieve the full benefits of participation in the program;
- provide staff and parents with an understanding of child growth and development, an appreciation of individual differences, and the need for a supportive environment;
- provide for prevention, early identification, and early intervention in problems that interfere with a child's development;
- develop a positive attitude toward mental health services and a recognition of the contributions of psychology, medicine, social services, education, and other disciplines to the mental health program; and
- mobilize community resources to serve children with problems that prevent them from coping with their environment.

Gering

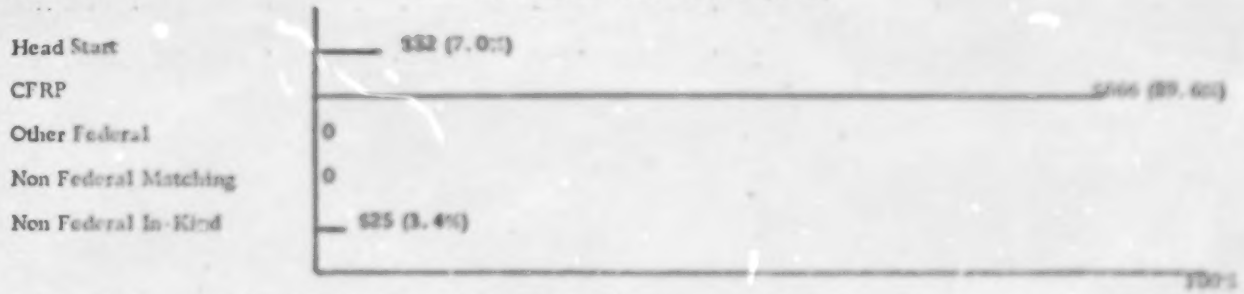
CATEGORICAL COST DATA FOR Mental Health - 1.2
Category

OMB No. 085-S-74013
Approval Expires: 30 June 1975

Categorical Cost Report

| Item / Source: Fixed or Variable | Head Start Fixed Amount | Head Start Variable Amount | CFRP Fixed Amount | CFRP Variable Amount | Other Fed. Fixed Amount | Other Fed. Variable Amount | Non-Fed. Matching Fixed Amount | Non-Fed. Matching Variable Amount | Non-Fed. In-Kind Fixed Amount | Non-Fed. In-Kind Variable Amount | Totals Fixed Amount | Totals Variable Amount |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Personnel | | | 142 | | | | | | | | 142 | |
| Salaries and Wages | | | | | | | | | | | | |
| Fringe Benefits | | | | | | | | | | | | |
| Consultants | | | | | | | | | | | | |
| Volunteers | | | | | | | | | | | | |
| 2. Facilities | | | | | | | | | | | | |
| Space | | | | | | | | | | | | |
| Equipment | | | | | | | | | | | | |
| Furniture | | | | | | | | | | | | |
| 3. Staff Training | | | | | | | | | | | | |
| 4. Materials (Reusable) | | | | | | | | | | | | |
| 5. Consumable supplies | | | | | | | | | | | | |
| Food | | | | | | | | | | | | |
| Other (specify) | | | | | | | | | | | | |
| 6. Contract Services (Specify) | | | | | | | | | | | | |
| Medicaid Payments | | | | | | | | | | | | |
| 7. Travel | | | | | | | | | | | | |
| TOTALS | | | 142 | | | | | | | | Total Cost | |
| Grand total amounts from each source: | | | 142 | | | | | | | | 142 | |

## VALUE OF NUTRITIONAL SERVICES (1.3)




Total: $743 1.8% of Total Program Value for Period

The data collected and presented on the graph above is the total dollar value (from all available resources) of nutritional services provided by the Gering CFRP. These services are those which serve to meet the following objectives of the health services component of the program:

- help provide food which will help meet the child's daily nutritional needs in the child's home or in another clean and pleasant environment, recognizing individual differences and cultural patterns, and thereby promote sound physical, social, and emotional growth and development;
- provide an environment for nutritional services which will support and promote the use of the feeding situation as an opportunity for learning;
- help staff, child, and family to understand the relationship of nutrition to health, factors which influence food practices, variety of ways to provide for nutritional needs and to apply this knowledge to the development of sound food habits even after leaving the program;
- demonstrate the interrelationships of nutrition to other activities of the program and its contribution to the overall child development goals; and
- involve all staff, parents, and other community agencies as appropriate in meeting the child's nutritional needs so that nutritional care provided complements and supplements that of the home and community.

The data shown on the graph are for overall nutritional services. The costs of individual food programs utilized by the program during the study period is **not included in this chart.**

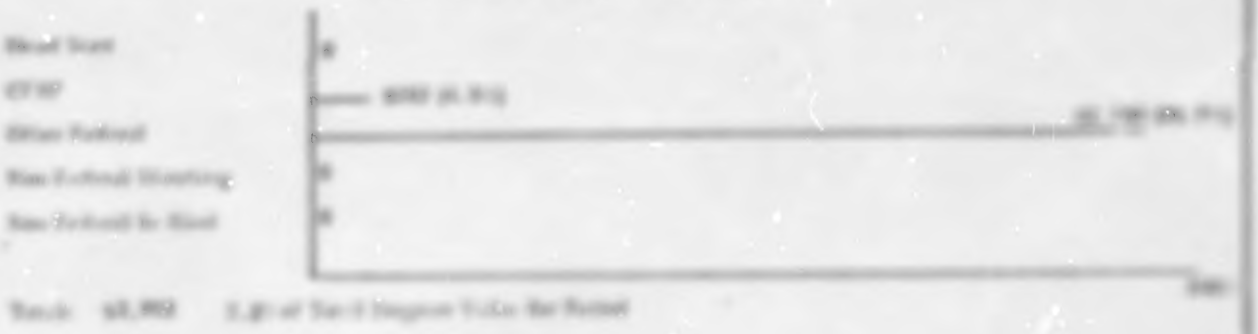
Costing

CATEGORICAL COST DATA FOR Night Strike + 1.3
Category

Categorical Cost Report

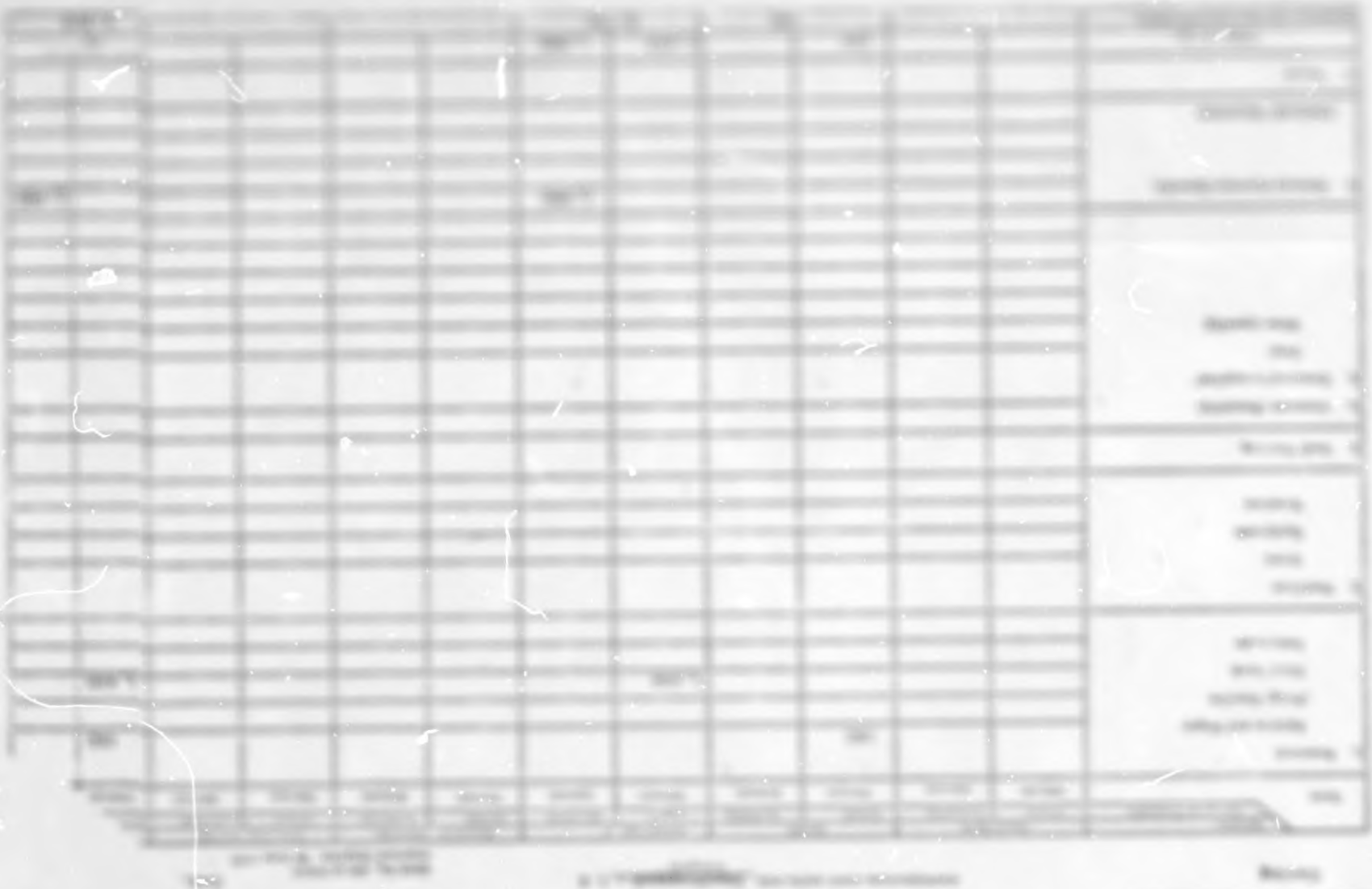
| Item | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Personnel | 12 | | 144 | | | | | | | | 719 | |
| Salaries and Wages | | | | | | | | | | | | |
| Wage Benefits | | | | | | | | | | | | |
| Contractors | | | | | | | | | | | | |
| Overtime | | | | | | | | | | | | |
| 2. Facilities | | | | | | | | | 25 | | 25 | |
| Rent | | | | | | | | | | | | |
| Equipment | | | | | | | | | | | | |
| Furniture | | | | | | | | | | | | |
| 3. Staff Training | | | | | | | | | | | | |
| 4. Materials (Reusable) | | | | | | | | | | | | |
| 5. Consumable supplies | | | | | | | | | | | | |
| Food | | | | | | | | | | | | |
| Other (specify) | | | | | | | | | | | | |
| 6. Deceased Survivor Benefits | | | | | | | | | | | | |
| Uniformed Payments | | | | | | | | | | | | |
| 7. Travel | | | | | | | | | | | | |
| TOTALS | 12 | | 144 | | | | | | 25 | | 25 | |

C-1

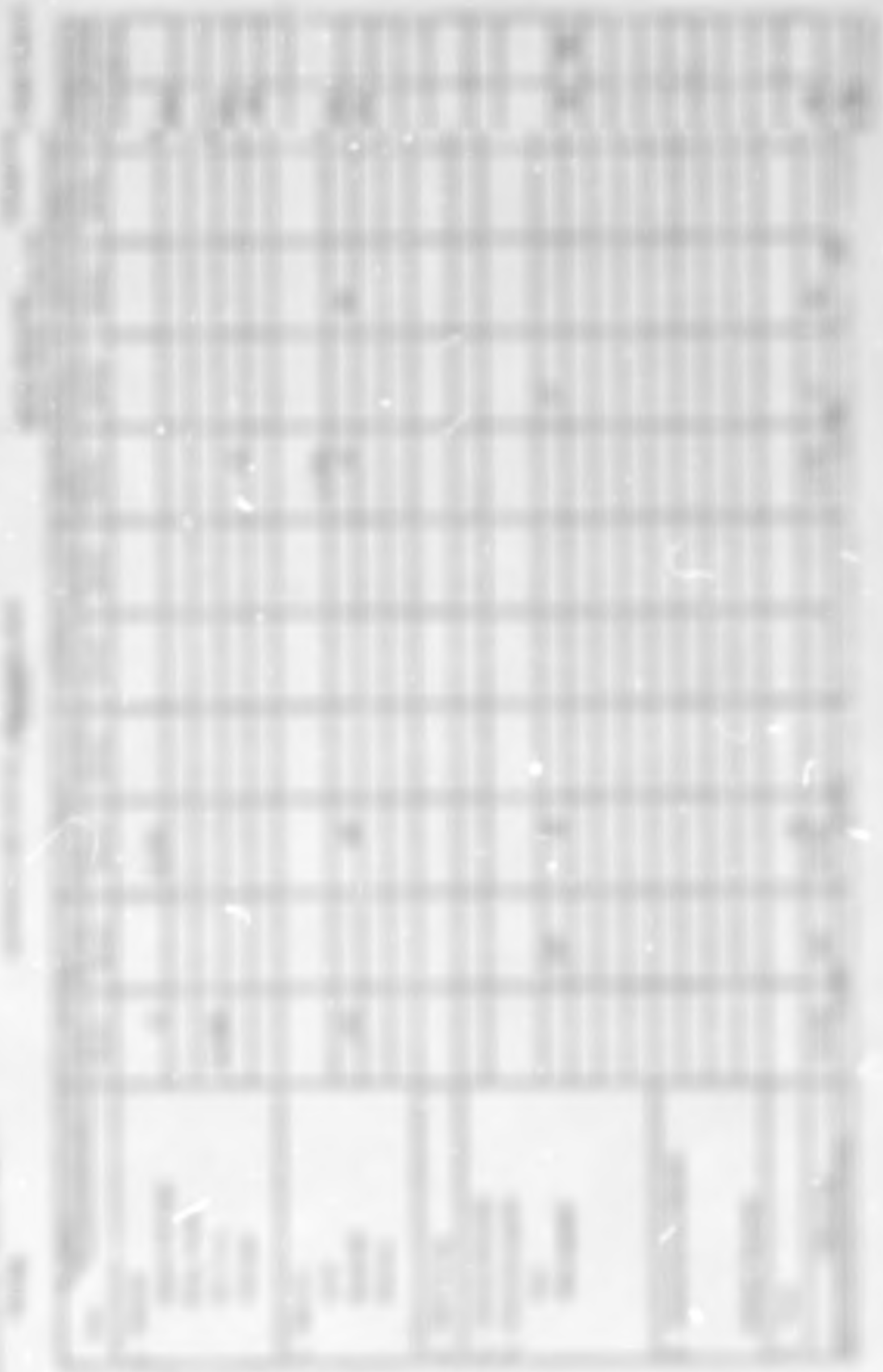


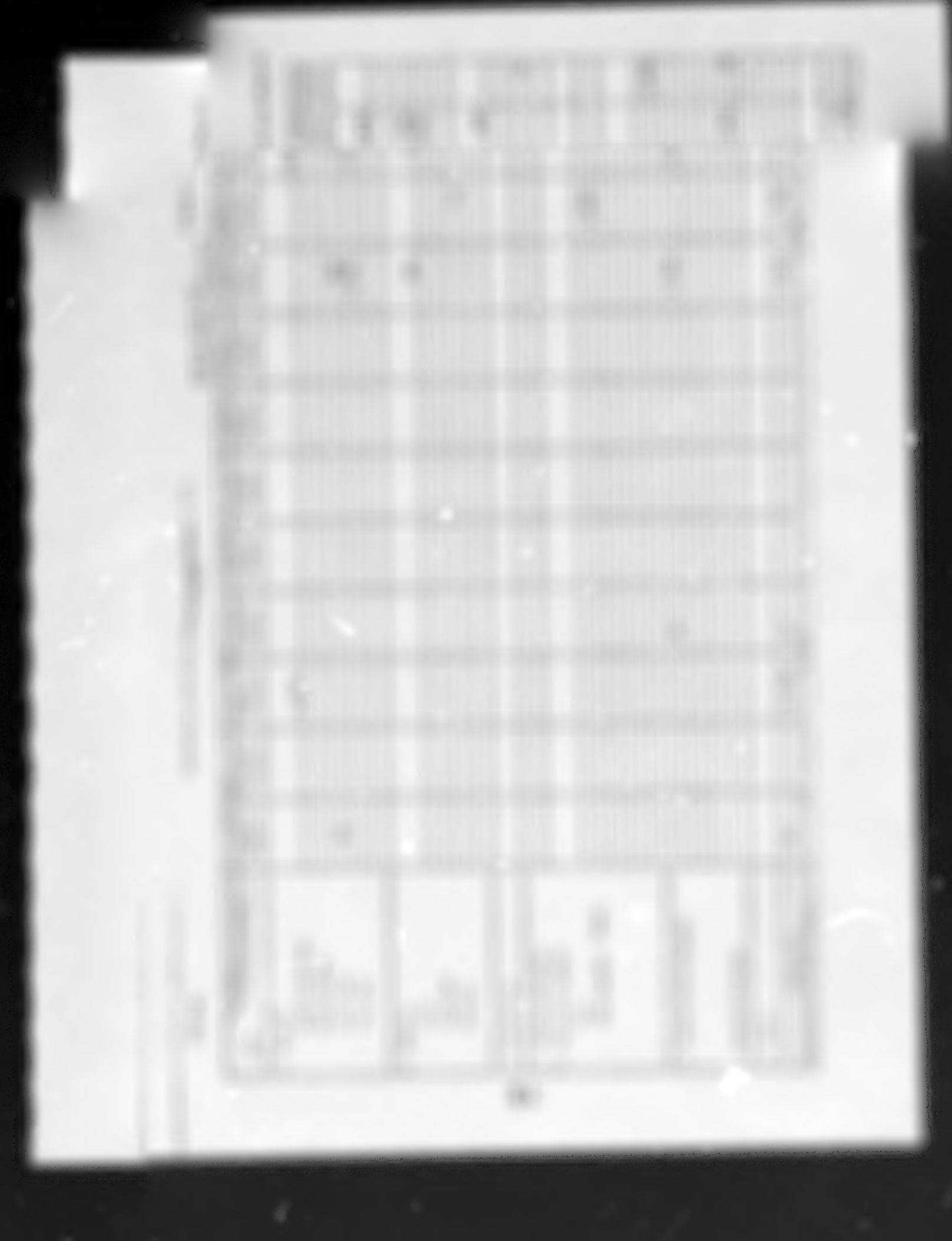
The data presented in the graph above indicate the total dollar value (based on available economic) of program services provided by the Central CFSP during the study period which addressed the following general objectives of the program:

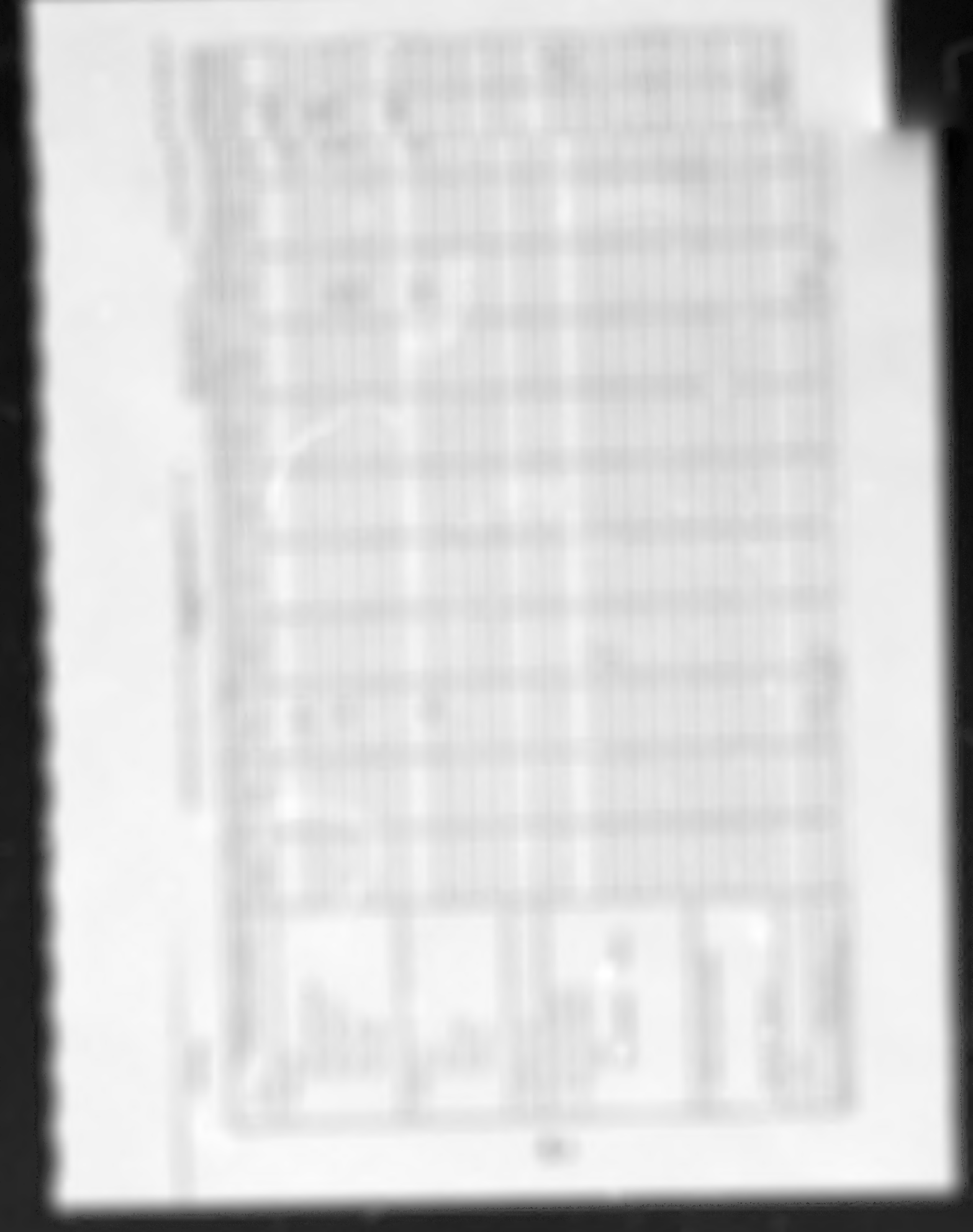
- provide handicapped children and children with special needs with the necessary medical health services which will assist them the child and family achieve full benefits of participation in the program.



[illegible]







Caring

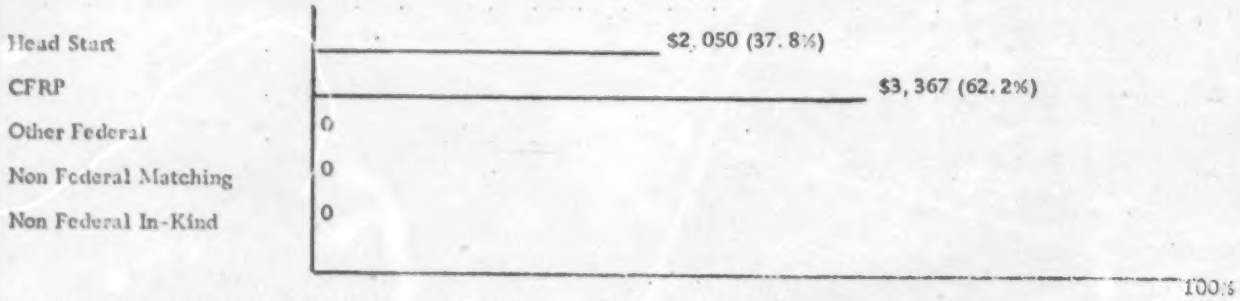
CATEGORICAL COST DATA FOR Staff Training - 5.0
Category

OMB No. 085-R-7013
Approval Expires: 30 June 1979

Categorical Cost Report

| Item | Amount | Amount | Amount | Amount | Amount | Amount | Amount | Amount | Amount | Amount | Amount | Amount |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Personnel | | | 1,440 | | | | | | | | 1,440 | |
| Salaries and Wages | | | | | | | | | | | | |
| Fringe Benefits | | | | | 194 | | | | 874 | | 1,024 | |
| Consultants | | | | | | | | | | | | |
| Volunteers | | | | | | | | | | | | |
| 2. Facilities | | | | | | | | | 175 | | 175 | |
| Space | | | | | | | | | | | | |
| Equipment | | | | | | | | | | | | |
| Furniture | | | | | | | | | | | | |
| 3. Staff Training | | | | | | | | | | | | |
| 4. Materials (Reusable) | | | | | | | | | | | | |
| 5. Consumable supplies | | | | | | | | | | | | |
| Food | | | | | | | | | | | | |
| Other (specify) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | 199 | | 243 | |
| 6. Contract Services (Specify) | | | | | 44 | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Medicaid Payments | | | | | | | | | | | 1,242 | |
| 7. Travel | | | 1,242 | | | | | | 1,248 | | | |
| TOTALS | | | 2,682 | | 194 | | | | 1,248 | | 4,124 | |
| Grand total amounts (sum each column) | | | 2,682 | | | | | | | | | |

## VALUE OF ADMINISTRATION ACTIVITIES (6.0)




Total: $5,417 13.4% of Total Program Value for Period

The graph above indicates the total dollar value (from all available resources) of program administration activities by the Gering CFRP during the study period. For the purpose of this study, program administration activities are described as those activities which relate to the following functions:

- program management and organization;
- property management which includes records, procurement policies, and procedures;
- financial management; and
- personnel management.

Gering

CATEGORICAL COST DATA FOR Administration - 6.0
Category

OMB No. 085-S-74013
Approval Expires: 30 June 1975

Categorical Cost Report

| Item / Source: Fixed or Variable | Head Start Fixed Amount | Head Start Variable Amount | CFRP Fixed Amount | CFRP Variable Amount | Other Fed. * Fixed Amount | Other Fed. * Variable Amount | Non-Fed. Matching* Fixed Amount | Non-Fed. Matching* Variable Amount | Non-Fed. In-Kind* Fixed Amount | Non-Fed. In-Kind* Variable Amount | Totals Fixed Amount | Totals Variable Amount |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Personnel | | | | | | | | | | | 1,626 | |
| Salaries and Wages | 195 | | 1,431 | | | | | | | | | |
| Fringe Benefits | | | | | | | | | | | | |
| Consultants | | | | | | | | | | | | |
| Volunteers | | | | | | | | | | | | |
| 2. Facilities | | | | | | | | | | | 490 | |
| Space | | | 490 | | | | | | | | | |
| Equipment | | | | | | | | | | | 1,850 | |
| Furniture | 1,850 | | | | | | | | | | 90 | |
| Other (telephone) | | | 90 | | | | | | | | | |
| 3. Staff Training | | | | | | | | | | | | |
| 4. Materials (Reusable) | | | | | | | | | | | | |
| 5. Consumable supplies | | | | | | | | | | | | |
| Food | | | | | | | | | | | 279 | |
| Other (specify) Misc. | | | 279 | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 6. Contract Services (Specify) | 5 | | 723 | | | | | | | | 728 | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Medicaid Payments | | | | | | | | | | | | |
| 7. Travel | | | 354 | | | | | | | | 354 | |
| TOTALS | 2,050 | | 3,367 | | | | | | | | | |
| Grand total amounts from each source: | 2,050 | | 3,367 | | | | | | | | 5,417 | |

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## IX. NOTES ON KEY PROGRAM IMPLEMENTATION FACTORS

In retrospect, program staff feel that the major constraint in the planning process was the time element. It was suggested that sufficient time be made available during the planning phase so that all participants could be involved in a meaningful way. Also, to ensure representative participation of staff, parents, and community agencies, a formalized procedure should be utilized and followed throughout the planning process. Overall, all planning objectives relevant to program startup were implemented.

The Gering CFRP has, with only a few exceptions such as the intense media campaign and the Toy Mobile Library, followed the original plan as developed during the Planning and Startup Phases. All the "OCD Required Minimum Services" are being provided and the program expects to be found in compliance with all Head Start Performance Standards. (The program has not yet been assessed for the 1974-75 program year by the OCD Regional Office. However, they had been found in compliance with the performance standards during the previous year.) The program staff also feels that all appropriate agencies and resources in the community have been utilized by the CFRP. The Resource Coordinator is responsible for coordination of resources and has done a good job in obtaining the cooperation of the agencies.

The CFRP director indicated that the following points were helpful in implementing the program:

- The use of community agencies to help interview and screen applicants for CFRP staff positions was beneficial. This initiated a strong cooperative effort between CFRP and the agencies.
- Pre-service training for the Home Visitors was very helpful. The training included visits to the offices of most community agencies to meet the people with which they would be working.
- The CFRP staff became very active in the community. Staff members served on Boards of Directors of several community groups.
- The public relations campaign using television, radio, and newspaper was, and still is, useful in informing the public about CFRP and about the various resources in the community.
- The Head Start program had an excellent reputation in the community. This reputation helped CFRP to become accepted in the community.

On the other hand, the CFRP Director feels that several factors in the community presented problems that had to be overcome in order to make CFRP a success. These were:

- Several community agencies were jealous of their territories and were afraid that CFRP would impinge on their positions in the community.
- Early childhood education is not regarded as a particular need by the average person in the community.
- The people in the community are conservative in attitude and, with the exception of Head Start, did not support the programs that the Community Action Agency was operating.
- When the CFRP first began operations, the community lacked a number of essential resources.
- Transportation for CFRP families was a significant problem. People did not have the means for getting around the community in order to visit the various community agencies.

Finally, the following advice to committees trying to develop their own CFR Program was given by the CFRP Director.

- Involve the community agencies in planning and keep them constantly informed about what the CFRP is doing;
- Hire a dedicated and capable staff;
- Do a complete needs assessment of every family; and
- Design the program to fit the needs of the target group and the characteristics of the individual community.